

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Daniel C. Sigg et al.  
 TITLE: ANTITHROMBOGENIC MEDICAL DEVICE

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, "EXPRESS No. EV 331 792 740 US, on this 20 day of January, 2004.

10270 US PTO

012804

Sue McCoy

Printed Name



Signature

**MAIL STOP PATENT APPLICATION**  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

**Patent Application Transmittal**

**Specification:**

Total pages: 17 (including claims and abstract: Spec. 11 sheets; Claims 5 sheets; Abstract 1)

**Drawings:**

Total sheets: 12

formal  informal

**Combined Declaration and Power of Attorney:**

- executed
- copy from prior application
- Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
- Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

**Accompanying application parts:**

- Notification of filing a
- Assignment of the Invention to Medtronic, Inc.
- Assignment cover sheet
- Information Disclosure Statement
- PTO Form 1449
- Copies of IDS citations
- Preliminary Amendment
- A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
- Return Postcard

**IF A CONTINUING APPLICATION:**

Continuation  Divisional  Continuation-in-part (CIP) of prior application  
 No. .

Amend the specification by inserting before the first line the sentence: --This application is a of application Serial No. , filed , now allowed.--

Cancel in this application original claims \_\_\_\_ of th prior application befor calculating the filing fee.  
 (At least the original ind pend nt claim must b r tain d for filing purposes.)

The prior appli ati n is assign d of record to Medtronic, Inc.

Th Power of Attorney in th prior application is t : \_\_\_\_

- This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) \_\_\_\_\_, filed \_\_\_\_\_.
- Address all future correspondence to: Elisabeth L. Belden, Reg. No. 50,751  
Telephone: (763) 514-4083  
Customer No. 27581

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	27	20	= 7	x 18	126
Independent Claims	3	3	= 0	x 86	0
Multiple Dependent Claims	0		0	+ 290	0
Basic Filing Fee					\$770.00
				TOTAL	896.00

- Charge Deposit Account No. 13-2546 in the amount of \$936.00 for the filing fee and assignment recordation fee.
- The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

January 28, 2004  
Date

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